

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019336**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		3		/			54						
5		3		/			55						
6		3		/			56						
7	/		/				57						
8				/			58						
9				/			59						
10				/			60						
11							61						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	↓	5	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	13		7				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS